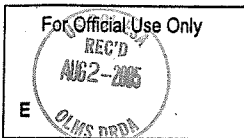


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7346</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JESSE</u> <u>GONZALES</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD & COMMERCIAL WORKERS UNION</u> Labor Organization File Number <u>039-918</u> LOCAL 1442 P.O. Box, Building and Room Number, if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>
5. Position in labor organization. <u>UNION REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Jesse Gonzales</u>	On <u>7-22-05</u> <u>310 385-8977</u> Date Telephone Number

Name of Person Filing JESSE GONZALES	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HEALTH NET OF CALIF</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 21281 BURBANK BLVD, B-2</p> <p>City WOODLAND HILLS</p> <p>State CA ZIP Code + 4 91367</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name S.C. UFCW & DRUG EMPLOYERS PENSION FUND HEALTH AND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 27920</p> <p>Street 2220 HYPERION AVE.</p> <p>City LOS ANGELES</p> <p>State CA ZIP Code + 4 90027-0920</p>	<p>11.a. Nature of such dealing.</p> <p>HEALTH CARE NETWORK PROVIDER FOR BENEFIT FUND TRUST</p> <p>11.b. Approximate dollar value of such dealing. \$7,703,389.</p> <p>12.a. Nature of interest held or income received.</p> <p>lunch APRIL 21st</p> <p>12.b. Amount. \$30</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing JESSE GONZALEZ	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name UNION LABOR LIFE INSURANCE CO. Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 1625 E 4th St., N.W. City WASHINGTON State DISTRICT OF COLUMBIA ZIP Code + 4 20006	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: P.O. BOX 6010 Street 6425 KATELLA AVE. City CYPRESS State CA ZIP Code + 4 90630-0010	11.a. Nature of such dealing. INVESTMENT MANAGER FOR PENSION MORTGAGE INVESTMENT FUND - 5 for Jobs 11.b. Approximate dollar value of such dealing. \$64,170 12.a. Nature of interest held or income received. lunch may 5th 12.b. Amount. \$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name UNION LABOR LIFE INSURANCE CO. Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street 1625 EYE ST. N.W. City WASHINGTON State DC ZIP Code + 4 20006	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name S.C. UNITED FOOD & COMMERCIAL WORKERS UNIONS AND FOOD EMPLOYERS JOINT TRUST FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: P.O. BOX 6010 Street 6425 KATELLA AVE. City CYPRESS State CA ZIP Code + 4 90630-0010	11.a. Nature of such dealing. INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS 11.b. Approximate dollar value of such dealing. \$64,170. 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;"> <i>lunch</i> 9-28 </div> 12.b. Amount. \$30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="height: 100px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.